	ι	JTIL	ITY	PATENT APP	PLICATION	ON TRAN	ISMITTAL	04 PTO	
Address to: Box PATENT APPLICATION					Attorney Docke		VUCH3037/EM	0.3 3108	
Commissioner of Patents P.O. Box 1450					First Named Inv (or identifier)	/entor (Chang-Rong WU	10/8	
Alexandria, VA 22313-1450					Total Pages		27		
Transmitted herewith is a patent application under 37 CFR 1.53(b).									
Entitled: Method And Composite Har Semiconductor Substrate					d Mask For Forming Deep Trenches In				
⊠ 1	. Subi	Submitted herewith are the following:							
	5 sh 4 cla 1 Oa 1 Ap 1 As	12 pages of specification, including claims and Abstract. 5 sheets of FORMAL drawings (Figs. 1, 2, 3A, 3B, 4, 5, 6, 7, 8). 4 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to NANYA Technology Corporation, Taoyuan, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 check in the amount of \$810 (\$770-Filing Fee; \$40-Assignment Recordation Fee).							
_		SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application. The Commissioner is authorized to credit any overpayment and charge any deficiency in							
		any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.							
□ 4	4. Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed								
□ 5	5. İnsei	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed							
	6. Othe	Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.									
THE FILING FEE IS CALCULATED AS FO					OLLOWS:		Basic Fee:	\$770.00	
Total Claims:			4	- 20 =		0	X \$18 =	\$0.00	
Independent Claims:		2	- 3 =		0	X \$86 =	\$0.00		
	dence Addre		LLC	2336	23364	Multiple Dependent Claim (add \$290.00):		\$0.00	
625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176				CUSTOMER NUMBER		Subtotal:		\$770.00	
						50% Reduction if Small Entity Status:		\$0.00	
Phone:	703-683-	0500	Fax: 703-683-1080		Total:		\$770.00		
Date:			Name:			Signature:		Reg. No.	
March 29, 2004			Eugene Mar					25,893	